DRIVING RECORDS ARE \$9.00 WHEN PURCHASED AT SECRETARY OF STATE PLUS OR SUPER!CENTER BRANCH OFFICES. NO FORMS REQUIRED.

Please be sure to have sufficient identification when requesting a copy of your record.

MICHIGAN DEPARTMENT OF STATE - REQUESTING YOUR OWN RECORD

If you are requesting **your own record information, please complete this form.**If you are requesting records about **someone other than yourself, use form BDVR 154, Record Lookup Request.**

Accurate and complete information will help us locate the record you are requesting. Even if no record is found, you are still responsible to pay the \$8.00 lookup fee for each record requested. Driving records for a driver's personal use show all activity, including accidents where the driver was not at fault. Records produced for insurance, employment, or credit inquiries do not include certain administrative entries or accidents for which the driver did not receive a corresponding court conviction or civil infraction determination.

court conviction or civil infraction determination.						
Section 1. Requestor's Information (Please print or type all information.)						
If you require your information faxed or mailed to an address other than what is on your driving record with the Secretary of State, you must complete Section 5 on the reverse side of the form and check this box:						
Your Name (First, Middle, Last)	Daytime Telephone Number					
		-				
Current Street Address						
City	State	Zip Code				
Section 2. Requesting Your Own Driving Record or P	Personal Identification Ca	rd Information				
Michigan Driver's License or Personal Identification Card Numb		Date of Birth				
Check boxes that apply:	☐ Employment, Credit, o	or Insurance				
□ Driving Record or Personal Identification Card Information for: □ Court (Shows last reported address) □ Other: □ Other:						
☐ Original License Issue Date						
☐ Current Application ☐ Application History* ☐ For postful histories, places community						
Address History* For partial histories, please comp						
☐ Other Driving-Related Record(s)		Date//				
Section 3 Paguesting Vour Own Vehicle Pagerd		(Hearing, Offense, License Status, etc.)				
Section 3. Requesting Your Own Vehicle Record (If you only need your driving record, leave the vehicle information)	plank or you will be charged for					
Section 3. Requesting Your Own Vehicle Record (If you only need your driving record, leave the vehicle information) License Plate or Vehicle Make and Model Registration Number Year	blank or you will be charged for Vehicle or Hull Ider	both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Vehicle Make and Model		both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Registration Number Year Check boxes that apply:		both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Registration Number Vehicle Wake and Model		both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Vehicle Registration Number Year Check boxes that apply: Current Vehicle Owner and Lienholder Information Registration Information as of//		both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Registration Number Vehicle Wake and Model		both records.)				
(If you only need your driving record, leave the vehicle information License Plate or Registration Number Vehicle Wake and Model Check boxes that apply: □ Current Vehicle Owner and Lienholder Information □ Registration Information as of//_ □ Copy of Current Title Application and Related Forms □ Complete Title History* □ Complete Registration History*		both records.)				
Current Vehicle Owner and Lienholder Information Copy of Current Title Application and Related Forms Complete Registration History* Copy of Current Plate Application Copy of Current For partial histories, please		both records.) ntification Number				
Check boxes that apply: Current Vehicle Owner and Lienholder Information Registration Information as of// Copy of Current Title Application and Related Forms Complete Registration History* Partial Registration History* For partial histories, please Partial Registration Power of the vehicle of the vehicle information Power of the vehicle of the vehicle of the vehicle information Power of the vehicle information Partial Title Owner and Lienholder Information Power of the vehicle information Partial Power o	Vehicle or Hull Ider	both records.) ntification Number to/				
Current Vehicle Owner and Lienholder Information Copy of Current Title Application and Related Forms Complete Registration History* Copy of Current Plate Application Copy of Current For partial histories, please	Vehicle or Hull Ider	both records.) ntification Number to/				
Check box if you want: Check box if you want: Check box if you want: All motor vehicles registered or title Check box if you want: All motor vehicles information Check box if you want: Check box if you wa	vehicle or Hull Ider complete: from/ d under exact name and address liste can be very e for each record edacted (not on previous	both records.) ntification Number to/				

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Section 4. Payment Method (Payment or credit card billing information must be included.)						
The cost for each record looked up is \$8.00. Each certified record provided is \$9.00. Certified records will <u>not</u> be faxed.						
If "no record" is found, you are still responsible to pay \$8.00 for each record lookup. ☐ Check or Money Order			☐ Certified record needed			
(Payable to "State of Michigan")			(\$1.00 additional per record)			
Name on Credit Card (PLEASE PRINT)			Credit Card			
			☐ Discover ☐ MasterCard ☐ VISA			
Credit Card Account Number	Expiration Date					
If paying by credit card, I authorize charging the total amount to my	credit card.					
X		/	/			
Signature of Cardholder	Date					
Section 5. Special Delivery Instructions						
If you want the record(s) sent to another person or company, complete this section. If address is the same as on the front, leave this						
section blank. Flax If the reco	1: 6 1 1 11		1.0	1.11		
Please my record(s) as indicated below \prec	rd is faxed <u>and</u> mailed, y ecords will <u>not</u> be faxed		arged for each	delivery method.		
Name	Attention (if required)					
Mailing Address	Daytime Telephone	Number	Fax Number	er		
	()	-		-		
City	State		Zip Code			
Explain the reason why you need the record(s) sent to another perso	n or to a company:					
Section 6. Requestor Certification (This section must	be completed or re	equest will	l not be pro	ocessed.)		
Explain the reason why you are requesting your own record information:						
I certify that I am requesting my own record information.						
X / /						
X Signature of Requestor – form must be signed or request will not be processed	l .	/ Date	′ ?			
Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to						
obtain personal information or who uses personal information for a purpose other than a permissible purpose						
identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up						
to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.						

Mail your completed request to:

Michigan Department of State Record Lookup Unit 7064 Crowner Drive Lansing, Michigan 48918-1540

Call **517.322.1624** for help in completing this form.

Completed requests may be faxed to **517.322.1181** but must be charged to a credit card.



